

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ActBlue

Full Name (Last, First, Middle Initial)

**A. CHARLES PLOTKIN**

Mailing Address 220 MACFARLANE DR APT 1101

City	State	Zip Code
DELRAY BEACH	FL	33483

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2015

Transaction ID : SB28A\_24936597

Amount of Each Disbursement this Period

25.00
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Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

**B. CHARLES PLOTKIN**

Mailing Address 220 MACFARLANE DR APT 1101

City	State	Zip Code
DELRAY BEACH	FL	33483

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		19		2015

Transaction ID : SB28A\_26459745

Amount of Each Disbursement this Period

25.00
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Refund of contribution, initially earmarked for  
DEMOCRATIC CONGRESSIONAL CAMPAIGN  
COMMITTEE (C000009)

Full Name (Last, First, Middle Initial)

**C. STEVEN POLLARD**

Mailing Address 101 AUPUNI ST APT 421

City	State	Zip Code
HILO	HI	96720

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2015
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		18		2015

Transaction ID : SB28A\_27124573

Amount of Each Disbursement this Period

25.00
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Refund of contribution, initially earmarked for RUSS  
FOR WISCONSIN ()

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

75.00
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